



COVINGTON JOBS INCENTIVE PROJECT APPLICATION

Date: _____

Is this an amendment to the initial application for incentives? _____

Applicant Information: (Entity applying for Incentives)

Company Name: _____

Mailing Address: _____

Federal Employer ID Number: _____ NAISC Code: _____

Company Organization: _____ State of Organization: _____

Contact Person: _____ Title: _____

Telephone: _____ Email Address: _____

Has the applicant, or any owner or affiliate of the applicant, ever been convicted of any criminal offenses, been in receivership or adjudicated a bankruptcy, or been denied a business related license or had a business related license suspended or revoked by any administrative, governmental or regulatory agency?

PROJECT LOCATION

Address: _____

Activity at the Project: _____

Is location in a Tax Increment Financing district? _____

Is the contact person for the project location the same as the person listed? _____

If no, please complete the following:

Contact Person: _____ Email: _____

Telephone: _____ Fax: _____

COMPANY OWNERSHIP

Please identify all owners of the company with 20% or more interest in the company. The Cabinet may run a background check on individuals identified as holding 20% or more interest in the company. For subsidiaries, please include the parent company.

Company of Individual Name (provide date of birth for individuals)	City	State	FEIN/Social Security Number	Ownership Percent

EXISTING KENTUCKY LOCATIONS

Company Name	Address	City	# Employees full-time positions

Please attach additional listing if more space is need

Affiliates with Relation to the Project

Will any affiliated entity by the owner or lessor of the project? _____

If yes, please provide:

Affiliate Name: _____ FEIN: _____

Address: _____

Will any affiliated entity employ any employees at the site of the project? _____

If yes, please provide:

Affiliate Name	FEIN	Current number of full-time Employees

Please attach additional listing of more space if needed.

FACILITY INFORMATION

NEW LOCATION: Will the project be a new location? _____ If no, skip to expansion

Project Site Acreage: _____ Building Square Footage: _____

The facility will be: _____

NEW CONSTRUCTION Provide the Anticipated Construction Dates:

Start: _____

Completion: _____

ACQUISITIONS Answer the following:

Has the facility been unoccupied for more than 90 days? _____

EXPANSION

Will this expand an existing facility? _____

a.) Does the project involve additions or renovations to existing buildings? _____

b.) Does the project involve relocation from an existing facility? _____

c.) If b.) is yes, is real estate available at or adjacent to the existing facility? _____

Present Acreage: _____ Present Square Footage: _____

Increased Acreage: _____ Increase Square Footage: _____

Total Acreage: _____ Total Square Footage: _____

PROJECT COSTS

Please provide the estimated investment cost in fixed assets	
Land	
Building (new construction/acquisition/additions)	
Improvements (existing buildings)	
Equipment (including installation costs)	
Start-up Costs (excluding equipment)	
Rent (leased projects only):	
Estimated annual rent:	
TOTAL INVESTMENT COSTS	

Start-up Costs included the costs incurred to furnish and equip a facility, such as computers, furnishings, office equipment, manufacturing equipment, fixtures, relocation of out-of-state equipment and nonrecurring costs of fixed telecommunication equipment.

EMPLOYMENT WAGES & BENEFITS

Full-time employees are persons who are employed by the company (or affiliate) at the project for at least 35 hours per week. (Do not include contract employees).

Full-time Employees	
Current number at the project location	
Total number of new jobs to be created	
Total jobs projected by the end of the project	0

Anticipated Wages for the New Jobs to be Created:

Lowest Hourly Wage: _____ Highest Hourly Wage: _____

Average Hourly Wage: _____ Average Total Hourly Compensation: _____

Total Hourly Compensation = Hourly Wage + Employee Benefits (life insurance, dental insurance, vision insurance, defined benefits plans, 401(k) plans or similar plans.)

Will the applicant provide benefits as part of the compensation package? _____

Will at least 90% of all new jobs created be offered at least some form of company paid employee benefit? _____

What is the value of the benefit package as a percent of wages or salary? _____

Indicate which of the following employee benefits will be offered as a company-paid benefit?

_____ Life Insurance	_____ Dental Insurance	_____ Other Retirement
_____ Health Insurance	_____ Stock Purchase	_____ Profit Sharing
_____ Disability Insurance	_____ 401(k)	_____ Other (list below)